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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example:If typing, type COMMITTEE (in full) OR TYPE OR PRINT over the lines American Academy of Family Physicians Political Action Committee 2021 Massachusetts Avenue, NW ADDRESS (number and street) Check if different than previously DC 20036 Washington reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS NEW **AMENDED** C00411553 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Χ Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) 12-Day (c) Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Post -Election General (30G) Runoff (30R) Special (30S) Report for the: Termination Report (TER) in the Election on State of 09 0 1 2008 09 30 2008 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Randell K. Wexler, MD Type or Print Name of Treasurer Electronically Filed by Randell K. Wexler, MD 10 20 2008 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 12/2004) Only

FE6AN026

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) OF RECEIPTS AND DISBURSEMENTS
Page 2

R	eport Covering the Period: From:	01 2008	To: 0 9 3 0 2 0 0 8
	-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
	(a) Cash on Hand January 1 Ž008 Y Y		235731.96
	(b) Cash on Hand at Begining of Reporting Period	228122.70	
	(c) Total Receipts (from Line 19)	75709.13	392136.93
	(d) Subtotal (add lines 6(b) and		
	6(c) for Column A and Lines 6(a) and 6(c) for Column B)	303831.83	627868.89
	Total Disbursements (from Line 31)	57681.13	381718.19
	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	246150.70	246150.70
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period: From:

M M M O 9 0 1 2 0 0 8

To: M M M O 9 3 0 2 0 0 8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
Contributions (other than loans) From (a) Individuals/Persons Other	:	
Than Political Committees (i) Itemized (use Schedule A)	50008.69	235224.51
(ii) Unitemized	24787.79	152300.30
(iii) TOTAL (add Lines 11(a)(i) and (ii)	74796.48	387524.81
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)(d) Total Contributions (add Lines	0.00	0.00
11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	> 74796.48	387524.81
Transfers From Affiliated/Other Party Committees	0.00	0.00
3. All Loans Received	0.00	0.00
Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) 6. Refunds of Contributions Made	912.65	4612.12
to Federal candidates and Other Political Committees	0.00	0.00
7. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
8. Transfers from Non-Federal and Lev	in Funds	
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00
9. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	75709.13	392136.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	75709.13	392136.93

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 739.20 5276.26 Expenditures..... (c) Total Operating Expenditures 739.20 5276.26 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 56500.00 376000.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 441.93 441.93 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 57681.13 381718.19 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) 57681.13 381718.19 from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC **Form 3X** (Rev. 02/2003)

Page 5

	III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33.	Total Contributions (other than loans) from Line 11(d), page 3)	74796.48	387524.81
34.	Total Contribution Refunds (from Line 28(d))	0.00	0.00
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	74796.48	387524.81
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	739.20	5276.26
37.	Offsets to Operating Expenditures (from Line 15, page 3)	912.65	4612.12
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	-173.45	664.14

FE6AN026

or for commercial purposes, other that NAME OF COMMITTEE (In Full)	y Physicians Political Action Committee	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
American Academy of Famil Full Name (Last, First, Middle Initi Patricia Park Ahlen, MD Mailing Address 2280 Marcol City Springfield FEC ID number of contributing federal political committee.	y Physicians Political Action Committee (al) a Rd State Zip Code OR 97477-2594 C Occupation	Transaction ID: C503099 Amount of Each Receipt this Period		
A. Patricia Park Ahlen, MD Mailing Address 2280 Marcol City Springfield FEC ID number of contributing federal political committee.	State Zip Code OR 97477-2594 C Occupation	Transaction ID: C503099 Amount of Each Receipt this Period		
City Springfield FEC ID number of contributing federal political committee.	State Zip Code OR 97477-2594 C Occupation	Transaction ID: C503099 Amount of Each Receipt this Period		
Springfield FEC ID number of contributing federal political committee.	OR 97477-2594 C Occupation	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.	Occupation			
Name of Employer Self Employed	l '	\dashv		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00			
Full Name (Last, First, Middle Initi		Date of Receipt		
332 Highway	Mailing Address Kosciusko Medical Clinic 332 Highway 12 W			
City Kosciusko	City State Zip Code Kosciusko MS 39090-3209			
FEC ID number of contributing federal political committee.	C 39090-3209	Amount of Each Receipt this Period 365.00		
Name of Employer Kosciusko Medical Clinic	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00			
Full Name (Last, First, Middle Initi	al)	Date of Receipt		
Mailing Address WWAMI Ida 777 N Raym		09 26 2008		
City	State Zip Code	Transaction ID: C503072		
Boise FEC ID number of contributing federal political committee.	ID 83704-9251	Amount of Each Receipt this Period 500.00		
Name of Employer University of Washington School of Med	Occupation Physician			
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00			
SUBTOTAL of Receipts This Page	(optional)	1165.00		

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS Any information copied from such Reports and S	totomonto ma	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
7	NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee t	o solicit contributions from such committee.
A .	Full Name (Last, First, Middle Initial) Julie Anderson Mailing Address 2248 Chelmsford Ln City Saint Cloud FEC ID number of contributing federal political committee. Name of Employer St. Cloud Medical Group Receipt For: Primary General Other (specify)	State MN C Occupation Phycisia Aggregate		Date of Receipt 0 9 26 2008 Transaction ID: C503087 Amount of Each Receipt this Period 365.00
В.	Full Name (Last, First, Middle Initial) David W Ashley, MD Mailing Address 145 Gilbert Stuart Rd City Saunderstown FEC ID number of contributing federal political committee. Name of Employer University Family Medicine Receipt For: Primary General Other (specify)	State RI C Occupation Physicia Aggregate		Date of Receipt M M J D D J Z 6 Z 0 0 8 Transaction ID: C503067 Amount of Each Receipt this Period 365.00
_ С.	Full Name (Last, First, Middle Initial) Jennifer Bacani, MD Mailing Address 116 S Pinecrest St City Wichita FEC ID number of contributing federal political committee. Name of Employer Wichita Center for Graduate Medical Ed Receipt For: Primary General Other (specify)	State KS C Occupation Resident Aggregate		Date of Receipt M M D D Y Y Y Y Y Y Y Y
	SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number			1095.00

SCHEDULE A	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 / 66 (check only one) X 11a	1
Any information copi or for commercial pu	rposes, other than using the r	atements maname and ad	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.	
American Aca	demy of Family Physician				
Justin V Bartos, M				Date of Receipt	
	4351 Booth Calloway R	09 19 2008			
City <u>North Richland</u>	ł Hil	State TX	Zip Code 76180-7319	Transaction ID: C501035 Amount of Each Receipt this Period	
FEC ID number of federal political co	of contributing	C		56.00)
Name of Employe North Hills Family ne	er y Medici-	Occupatio Physicia			
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 336.00		
Ryan Bartz, DO	Full Name (Last, First, Middle Initial) Ryan Bartz, DO		Date of Receipt		
Mailing Address	Mailing Address 213 Franklin St 294 Summar Dr			09 04 7 2008	
City		State	Zip Code	Transaction ID: C494393	
FEC ID number of	Selmer TN FEC ID number of contributing federal political committee.		38375-1530	Amount of Each Receipt this Period 365.00)
Name of Employe University of Ten Prime Care	er nessee -	Occupatio Physicia			
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 365.00		
Full Name (Last, Mark Harris Belfer	First, Middle Initial) , DO			Date of Receipt	
Mailing Address	Partners Physician Gro 3428 W Market St Ste 1	up 103		09 19 2008	
City <u>Fairlawn</u>		State OH	Zip Code 44333-3339	Transaction ID: C501039	
FEC ID number of federal political co		C	44555-5559	Amount of Each Receipt this Period 33.18	3
Name of Employe Akron General M ter	er edical Cen-	Occupatio Physicia	n		
Receipt For: Primary Other (spec	General	Aggregate	e Year-to-Date ▼ 265.44		
SUBTOTAL of Rec	L			454.18	

CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any pers ne name and address of any political committee to	
American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Debra Ann Bell, MD		Date of Receipt
Mailing Address 1001 S George St		09 19 2008
City	State Zip Code	Transaction ID: C501044
<u>York</u>	PA 17405-7198	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Wellspan Medical Group	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
Full Name (Last, First, Middle Initial) Vicki M Bertka, MD	Date of Receipt	
Mailing Address 8533 Castle Oaks PI	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State Zip Code	Transaction ID: C497238
Holland	OH 43528-9231	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer Hospice of Northwest Ohio	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Heidi M Bittner, MD		Date of Receipt
Mailing Address 304 15th Ave SE PO Box 9037		09 23 2008
City	State Zip Code	Transaction ID: C502418
Devils Lake	ND 58301-2719	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Altru Clinic Lake region	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	365.00	
LIDTOTAL of Descripto This Descriptoral		915.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 10 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	d Statements may not be sold or used by any perso the name and address of any political committee to icians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Thaddeus Michael Bort, MD Mailing Address 6331 Glenway Ave City Cincinnati FEC ID number of contributing federal political committee. Name of Employer The Family Medical Group Receipt For: Primary General Other (specify)	State Zip Code OH 45211-6301 C Occupation MD Aggregate Year-to-Date 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Robert C M Bourne, MD Mailing Address Beaver Med Cln Inc 1300 E Cooley Dr City Colton FEC ID number of contributing federal political committee. Name of Employer Beaver Medical Group Receipt For: Primary General Other (specify)	State Zip Code CA 92324-3905 C Occupation Physician Aggregate Year-to-Date 279.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Karen Brenke Mailing Address		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional	l) >	812.00

I	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	01.1	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 66 (check only one) X 11a
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and ad	dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Neil Hurst Brooks, MD Mailing Address 200 D			Date of Receipt
	Mailing Address 36 Duncaster Lane			09 / 29 / 2008
	City	State CT	Zip Code	Transaction ID: C503357
	Vernon Rockville FEC ID number of contributing federal political committee.	C	06066-4830	Amount of Each Receipt this Period 500.00
	Name of Employer Self-Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- В.	Full Name (Last, First, Middle Initial) Ellen Sandra Brull, MD Mailing Address 830 Arbor Ln			Date of Receipt 0 9 2 4 2 0 0 8
	City	Transaction ID: C502759		
	Glenview	IL	60025-3234	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	Name of Employer Family Medicine Associates of Lutheran Receipt For: Primary General	Occupation Physicia Aggregate		_
	Other (specify)		2000.00	
с. С.	Full Name (Last, First, Middle Initial) Jacob Bryan	'		Date of Receipt
	Mailing Address 5430 Baneberry Ave			09 26 2008
	City Columbus	State OH	Zip Code	Transaction ID: C503137
	FEC ID number of contributing federal political committee.	C	43235-7397	Amount of Each Receipt this Period 500.00
	Name of Employer Ohio State University	Occupation Medical		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			2000.00
	TOTAL This Period (last page this line numbe	r only)		

SCHEDULE A (FEC Form 3X TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 / 66 (check only one) X 11a 11b 11c 12
or for commercial purposes, other than using t	d Statements may not be sold or used by any pe the name and address of any political committee	rson for the purpose of soliciting contributions to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) John R Bucholtz, DO		Date of Receipt
Mailing Address 6378 Cape Cod Dr		09 / 26 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C503127
Columbus	GA 31904-2916	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Columbus Regional Healthc- are System	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Gerald William Cahill, MD		Date of Receipt
Mailing Address 23 4th St # 1		09 20 7 2008
City	State Zip Code	Transaction ID: C502079
Malone	NY 12953-1331	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self-Employed	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) David Adam Carlyle, MD		Date of Receipt
Mailing Address PO Box 3014		09 23 7 2008
City	State Zip Code	Transaction ID: C502362
Ames	IA 50010-3014	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	2500.00
Name of Employer Family Medicine East	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 5000.00	
Other (specify) ▼	0000.00	_

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 13 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	nd Statements may not be sold or used by any person g the name and address of any political committee to sicians Political Action Committee	n for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Kenneth Keith Carrell, MD Mailing Address 1115 1st Ave S City Payette FEC ID number of contributing federal political committee. Name of Employer Valley Family Health Receipt For: Primary General	State Zip Code ID 83661-2810 C Occupation Physician Aggregate Year-to-Date 365.00	Date of Receipt M M M / D D / Y Y Y Y Y Q 9
Full Name (Last, First, Middle Initial) Josiah F K Carroll, Jr Mailing Address 3651 1st St City East Moline FEC ID number of contributing federal political committee. Name of Employer Genesis Health Group	State Zip Code IL 61244-3321 C Occupation Family Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Brian Clifford Carty, MD Mailing Address 6215 Windham Hil	Aggregate Year-to-Date ▼ 365.00	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kingstowne FEC ID number of contributing federal political committee.	State Zip Code VA 22315-3725 C	Transaction ID: C502047 Amount of Each Receipt this Period 365.00
Name of Employer Telegraph Corner Family Medicine, PC Receipt For: Primary General Other (specify) ▼	Occupation Physician-Owner Aggregate Year-to-Date 365.00	
SUBTOTAL of Receipts This Page (option	al)	845.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14 / 66 (check only one)
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Denis E Chagnon, MD			Date of Receipt
Mailing Address 383 Vly Rd	09 18 2008		
City Schenectady	State NY	Zip Code 12309-1922	Transaction ID: C501004
FEC ID number of contributing federal political committee.	C	12303-1922	Amount of Each Receipt this Period 365.00
Name of Employer Community Care Physicians	Occupation Family P	n hysicians	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Miriam M Chang, MD	I		Date of Receipt
Mailing Address 46-057 Heeia St			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Kaneohe	State HI	Zip Code 96744-3602	Transaction ID: C502367
FEC ID number of contributing federal political committee.	C	90744-3002	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Barton A Chase, III			Date of Receipt
Mailing Address 3856 Highway 57 W PO Box 99	est est		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Ramer	State TN	Zip Code 38367-0099	Transaction ID: C495112 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		1000.00
Name of Employer Ramer Family Health Center	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1200.00	
SUBTOTAL of Receipts This Page (optional)		1615.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 15 / 66 (check only one) X
Any information copied from such Reports a or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phy	nd Statements may not be sold or used by any persong the name and address of any political committee to sicians Political Action Committee	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Francis Nien Yuen Chu, MD Mailing Address 10800 Magnolia A City Riverside FEC ID number of contributing federal political committee. Name of Employer SCPMG Receipt For:	ve # 3F State Zip Code CA 92505-3043 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Edmund Claxton, MD	375.00	Date of Receipt
Mailing Address CMMC Fam Med F 76 High St City Lewiston FEC ID number of contributing federal political committee. Name of Employer Central Maine Medical Center Receipt For: Primary General	State Zip Code ME 04240-7649 C Occupation Physician Aggregate Year-to-Date 228.15	Transaction ID: C501047 Amount of Each Receipt this Period 45.63
Other (specify) ▼ Full Name (Last, First, Middle Initial) Steven A Crawford, MD Mailing Address Dept Of Family & I 900 NE 10th St	Prev Medicine	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
City Oklahoma City FEC ID number of contributing federal political committee.	State Zip Code OK 73104-5420	Transaction ID: C501050 Amount of Each Receipt this Period 100.00
Name of Employer University of Oklahoma Receipt For: Primary General Other (specify)	Occupation Physician Aggregate Year-to-Date ▼ 700.00]
SUBTOTAL of Receipts This Page (option	al)	270.63

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	.)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 16 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and or for commercial purposes, other than using	d Statements may	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physi	cians Political	Action Committee	
Full Name (Last, First, Middle Initial) Manuel O Crespo, DO			Date of Receipt
Mailing Address 14575 S Bryant Ave			09 19 2008
City	State	Zip Code	Transaction ID: C501053
Edmond	OK	73034-8139	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.63
Name of Employer Vital Inpatient Physician Services	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 228.15	
Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
Mailing Address UAB Regional Medio 301 Governors Dr S			09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C501057
Huntsville	AL	35801-5123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		45.63
Name of Employer Univ. of AL Sch of Med -	Occupatio		
Huntsville Re Receipt For:	Physicia		_
Primary General	Aggregate	e Year-to-Date ▼	-
Other (specify) ▼	0 0	228.15	
Full Name (Last, First, Middle Initial) Mark A Crissman, MD	<u> </u>		Date of Receipt
Mailing Address 214 E Elm St			09 24 2008
City	State	Zip Code	Transaction ID: C502677
Graham	NC	27253-3022	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer Crissman Family Practice	Occupatio Family P		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		500.00	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for eacl	parate schedule(s) h category of the d Summary Page	FOR LINE NUMBER: PAGE 17 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may not be so e name and address of an	ld or used by any perso y political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Physic	ans Political Action Co	ommittee	
Full Name (Last, First, Middle Initial) John M Croci, MD			Date of Receipt
Mailing Address 5705 Monclova Rd Fort Miami Medical C	enter		09 21 2008
City	State Zip C		Transaction ID: C502121
Maumee	OH 4353	7-1875	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Fallen Timbers Family Phy- sicians	Occupation Family Physician		
Receipt For:	Aggregate Year-to-D	ate V	
Primary General Other (specify) ▼	0 0 0 0	250.00	
Full Name (Last, First, Middle Initial) John S Cullen, MD			Date of Receipt
Mailing Address PO Box 2504			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C		Transaction ID: C503120
Valdez		6-2504	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	Aggregate Year-to-D	ate ▼	
Primary General Other (specify) ▼		365.00	
Full Name (Last, First, Middle Initial) John Howard Darnell, Jr			Date of Receipt
Mailing Address Family Medicine Cent PO Box 987			0 9 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip C KY 4113		Transaction ID: C501058
Flatwoods FEC ID number of contributing		9-0987	Amount of Each Receipt this Period
federal political committee.	C		84.00
Name of Employer Family Medicine Center, PLLC	Occupation Physician		
Receipt For: Primary General	Aggregate Year-to-D	ate ▼	,
Other (specify) ▼		756.00	
SUBTOTAL of Receipts This Page (optional)	1		699.00
TOTAL This Period (last page this line number		·	

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
0	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any pers dress of any political committee t	son for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Jose M David, MD			Date of Receipt
	Mailing Address 804 Huntington Ct	01-1-	7'- 0-4-	09 19 2008
	City Albany	State NY	Zip Code 12203-6015	Transaction ID: C501059 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	12200 0010	625.00
	Name of Employer Prime Care Physicians	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 3125.00	
— В.	Full Name (Last, First, Middle Initial) Jason B Dees, MD			Date of Receipt
	Mailing Address 620 W Longview Dr			09 / 23 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C502404
	New Albany FEC ID number of contributing federal political committee.	MS C	38652-2415	Amount of Each Receipt this Period 400.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 400.00	
_ C.	Full Name (Last, First, Middle Initial) Rodney Mark Dixon, MD			Date of Receipt
	Mailing Address PO Box 1127			09 23 7 2008
	City	State	Zip Code	Transaction ID: C502428
	El Dorado	AR	71731-1127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .	1		1525.00
t	TOTAL This Period (last page this line number			

or for commercial p NAME OF COM American Aca	urposes, other than using the MITTEE (In Full) ademy of Family Physicial, First, Middle Initial) MD Cabarrus Family Medic 270 Copperfield Blvd Not contributing committee.	ans Political	dress of any political committee to	Date of Receipt O 9
Full Name (Last L Allen Dobson, I Mailing Address City Concord FEC ID number	ademy of Family Physicia , First, Middle Initial) MD Cabarrus Family Medic 270 Copperfield Blvd N of contributing	cine NE # 202 State NC	Zip Code	0 9 2 6 2 0 0 8 Transaction ID: C503081
L Allen Dobson, I Mailing Address City Concord FEC ID number	Cabarrus Family Medic 270 Copperfield Blvd N	NE # 202 State NC	•	0 9 2 6 2 0 0 8 Transaction ID: C503081
City Concord FEC ID number	270 Copperfield Blvd N	NE # 202 State NC	•	0 9 2 6 2 0 0 8 Transaction ID: C503081
Concord FEC ID number	committee.	NC	•	
FEC ID number	committee.		28025-2400	
				Amount of Each Receipt this Period 365.00
Name of Employ Cabarrus Family	yer y Medicine	Occupation Physician		
Receipt For: Primary Other (spe	General ecify) ▼	. ' ' '	Year-to-Date ▼ 365.00	
Michael J Doyle,				Date of Receipt
Mailing Address	At Green Grove Rd 3436 State Route 66			09 04 2008
City Neptune		State NJ	Zip Code 07753-2708	Transaction ID: C494379
FEC ID number federal political o		C	07735-2700	Amount of Each Receipt this Period 400.00
Name of Employ Self Emlployed	yer	Occupation Physician		
Receipt For: Primary Other (spe	General ecify) ▼	. ' - '	Year-to-Date ▼ 400.00	
Full Name (Last David C Eitrheim	, First, Middle Initial) , MD			Date of Receipt
Mailing Address	Medical Center Inc 2321 Stout Rd			09 12 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C497250
Menomonie FEC ID number federal political o		C	54751-7003	Amount of Each Receipt this Period 365.00
Name of Employ Red Cedar Med Mayo Health	/er ical Center -	Occupation Physician	1	
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Re	eceipts This Page (optional)		I	1130.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	^)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 66 (check only one)
Any information copied from such Reports at or for commercial purposes, other than using	nd Statements may g the name and add	not be sold or used by any person ress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political <i>I</i>	Action Committee	
Full Name (Last, First, Middle Initial) Michael Philip Elston, MD			Date of Receipt
Mailing Address 8304 Pioneer Cir 529 Kansas City St	t Ste 200		09 / 19 / 2008
City	State	Zip Code	Transaction ID: C501063
Rapid City	SD	57702-9175	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		73.00
Name of Employer Western Health	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Kurtis S Elward, MD			Date of Receipt
Mailing Address 1082 Still Meadow			09 / 26 / Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C503049
Charlottesville	VA	22901-6206	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Family Medicine of Albema- rle	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	
Primary General Other (specify) ▼	0 0	365.00	
Full Name (Last, First, Middle Initial) Jay S Erickson, MD	I		Date of Receipt
Mailing Address Glacier Medical As 1111 Baker Ave			09 / 07 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State	Zip Code	Transaction ID: C495113
Whitefish	MT	59937-2905	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Glacier Medical Associates	Occupation Physician		
Receipt For:	Aggregate	Year-to-Date ▼	_
Primary General Other (specify) ▼	0 0	365.00]

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	ζ)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 21 / 66 (check only one) X 11a
Any information copied from such Reports ar or for commercial purposes, other than using	nd Statements may the name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	sicians Political	Action Committee	
Full Name (Last, First, Middle Initial) Sarah Jane Fessler, MD			Date of Receipt
Mailing Address 44 Riverside Dr			09 26 2008
City	State	Zip Code	Transaction ID: C503066
Riverside FEC ID number of contributing federal political committee.	C	02915-4717	Amount of Each Receipt this Period 365.00
Name of Employer East Bay Community Action Program	Occupatio Physicial	n	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Wanda D Filer, MD			Date of Receipt
Mailing Address 510 Aqua Ct			0 9 2 5 2 0 0 8
City	State PA	Zip Code	Transaction ID: C502973
York FEC ID number of contributing federal political committee.	C	17403-3623	Amount of Each Receipt this Period
Name of Employer Strategic Health Institute	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	- ' ' ' - '	e Year-to-Date ▼ 1250.00	
Full Name (Last, First, Middle Initial)			
Leonard Martin Finn, MD Mailing Address 42 Grasmere Rd			Date of Receipt M M
City	State	Zip Code	Transaction ID: C503193
Needham FEC ID number of contributing federal political committee.	C	02494-1806	Amount of Each Receipt this Period 365.00
Name of Employer Needham Family Practice Assoc., PC	Occupatio Physicial	n	
Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional			1980.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS	for each	eparate schedule(s) ch category of the ed Summary Page	FOR LINE NUMBER: PAGE 22 / 66 (check only one) X
Any information copied from such Reports are or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and address of ar	ny political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
Full Name (Last, First, Middle Initial) David C Flinders, MD Mailing Address Utah Valley Family	Medicine		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
475 W 940 N City Provo	State Zip C UT 8460	Ode 04-3301	Transaction ID: C503055 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer	Occupation		365.00
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-D	Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Patricia Fontaine, MD Mailing Address UMN DFMCH 717 Delaware St SE	E Rm 454		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip C	Code	Transaction ID: C503187
Minneapolis	MN 5541	14-2959	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer University of Minnesota	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	365.00	
Full Name (Last, First, Middle Initial) Jennifer Emma Frank, MD Mailing Address Family Medicine	•		Date of Receipt
1380 Ĺusitana St S			09 26 2008
City Honolulu	State Zip C HI 9681	Code 13-2448	Transaction ID: C503126 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer University of Hawaii	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-D	Oate ▼ 365.00	
SUBTOTAL of Receipts This Page (optional	1		1095.00

SCHEDULE ITEMIZED R	A (FEC Form 3X) ECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 23 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial p	urposes, other than using the namedia. MITTEE (In Full)	ame and add	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
American Aca	ademy of Family Physician	s Political	Action Committee	
Full Name (Last Edward M Friedle	, First, Middle Initial) er, MD			Date of Receipt
Mailing Address	4905 Tarheel Way			09 / 05 / 2008
City <u>Annandale</u>		State VA	Zip Code 22003-4460	Transaction ID: C495077 Amount of Each Receipt this Period
FEC ID number federal political of		C	22000 4400	365.00
Name of Employ Annandale Fam PC	/er ily Medicine	Occupation Physician		
Receipt For: Primary Other (spe	General	Aggregate	Year-to-Date ▼ 365.00]
B. Michelle H Gardr	, First, Middle Initial) ner, MD 315 E Elm St Ste 100			Date of Receipt
City		State	Zip Code	09 26 2008
Caldwell		ID	83605-4858	Transaction ID: C503198 Amount of Each Receipt this Period
FEC ID number federal political of		C		365.00
Name of Employ St. Al's Medical	yer Group	Occupation Physician		
Receipt For: Primary Other (spe	General ecify) ▼	· · · · · · · · · · · · · · · · · · ·	Year-to-Date ▼ 365.00	
Full Name (Last C. Elizabeth Ann Ga	, First, Middle Initial)			Date of Receipt
Mailing Address	· · · · · · · · · · · · · · · · · · ·	Medicine		09 26 YYYYY
City Columbia		State MO	Zip Code	Transaction ID: C503180
FEC ID number federal political of		C	65212-0001	Amount of Each Receipt this Period 365.00
Name of Employ University of MC ia	/er) - Columb-	Occupation Physician		
Receipt For: Primary Other (spe	General ecify) ▼	Aggregate	Year-to-Date ▼ 365.00	
SUBTOTAL of Re	ceipts This Page (optional)			1095.00
	od (last page this line number or		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	3)	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 24 / 66 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Physics	the name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Randall David Gehle, DO Mailing Address 105 Elm St PO Box 490			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Mc Adenville FEC ID number of contributing	State NC	Zip Code 28101-0490	Transaction ID: C501451 Amount of Each Receipt this Period 250.00
Receipt For: Primary Other (specify)	Occupatio Family M		
Full Name (Last, First, Middle Initial) Chet M Gentry, MD Mailing Address 593 E 3rd St	<u> </u>		Date of Receipt 0 9 2 6 2 0 0 8
City	State	Zip Code	Transaction ID: C503252
Cookeville	TN	38501-2703	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Cumberland Family Care, PC	Occupatio Family P	hysician	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Melvin D Gerald, MD			Date of Receipt
Mailing Address 11403 Dundee Dr			09 26 2008
City	State	Zip Code	Transaction ID: C503228
Mitchellville FEC ID number of contributing federal political committee.	C	20721-2421	Amount of Each Receipt this Period 365.00
Name of Employer Self Employed	Occupatio Physicia		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (optional)		980.00

SCHEDULE A (FEC Form STEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 66 (check only one) X 11a
or for commercial purposes, other than usi	and Statements may not be sold or used by any pers ng the name and address of any political committee to sysicians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Robert Lee Giffin, MD Mailing Address 1901 Mission 66 City Vicksburg FEC ID number of contributing federal political committee. Name of Employer Mission Primary Care Clinic Receipt For:	State Zip Code MS 39180-3711 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M
Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD	500.00	Date of Receipt
Mailing Address 1600 Providence City Waco FEC ID number of contributing federal political committee. Name of Employer Family Practice Center	State Zip Code TX 76707-2261 C Occupation	Transaction ID: C501458 Amount of Each Receipt this Period 100.00
Receipt For: Primary General Other (specify)	Physician Aggregate Year-to-Date ▼ 1925.00	
Full Name (Last, First, Middle Initial) Roland Adolph Goertz, MD Mailing Address 1600 Providence City Waco FEC ID number of contributing	State Zip Code TX 76707-2261	Date of Receipt M M D D 2 4 2 0 0 8
federal political committee. Name of Employer Family Practice Center	Occupation Physician	1025.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1925.00	
SUBTOTAL of Receipts This Page (option	onal)	1625.00

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 26 / 66 (check only one) X 11a
or for	nformation copied from such Reports and S commercial purposes, other than using the AME OF COMMITTEE (In Full) merican Academy of Family Physicia	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\. <u>G</u>	ull Name (Last, First, Middle Initial) ary B Grandle, MD ailing Address 9721 Lakeland Rd			Date of Receipt 0 9 1 0 2 0 0 8
	ity	State	Zip Code	Transaction ID: C497108
FI	Oklahoma City EC ID number of contributing deral political committee.	OK C	73162-7436	Amount of Each Receipt this Period 300.00
N: F	ame of Employer GMA	Occupation Physicial		
R	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 300.00	
B. <u>B</u>	ull Name (Last, First, Middle Initial) oyde Jerome Harrison, MD ailing Address PO Box 655			Date of Receipt
C	904 26th St	State	Zip Code	0 9 2 6 2 0 0 8 Transaction ID: C503132
	laleyville	AL	35565-1719	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C		500.00
N: S	ame of Employer elf Employed	Occupatio Physicia		
R	eceipt For: Primary General Other (specify)	, ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	e Year-to-Date ▼ 500.00	
	ull Name (Last, First, Middle Initial) amela J Heilman, MD			Date of Receipt
М	ailing Address 7500 Paoli Rd			09 26 2008
	ity	State	Zip Code	Transaction ID: C503077
FI	erona EC ID number of contributing deral political committee.	C	53593-9382	Amount of Each Receipt this Period 365.00
<u>of</u>	ame of Employer roup Health Cooperative · South Cent	Occupatio Physicia	n	
R ₍	eceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
SUE	RTOTAL of Receipts This Page (optional)	1		1165.00

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	()	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 27 / 66 (check only one) X
Any information copied from such Reports an or for commercial purposes, other than using NAME OF COMMITTEE (In Full) American Academy of Family Phys	the name and add	lress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address 1305 W 18th St PO Box 5039 City Sioux Falls	State SD	Zip Code 57117-5039	Date of Receipt M M
FEC ID number of contributing federal political committee.	C	07117 0000	500.00
Name of Employer Sioux Valley Health Syste- ms Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate]
Full Name (Last, First, Middle Initial) Robert Henry, Jr Mailing Address 4402 Elf Trl			Date of Receipt M M D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C497225
Belton	TX	76513-7241	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Scott & White Clinic	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Joseph Shelby Hensley, MD			Date of Receipt
Mailing Address 855 Summertown F PO Box 383	Hwy		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C494394
Hohenwald FEC ID number of contributing federal political committee.	TN	38462-5707	Amount of Each Receipt this Period 500.00
Name of Employer Self Employed	Occupation Physician		
Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional	J)		1365.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28 / 66 (check only one) X
NAME OF COMMITTEE (In Full)	Statements may not be sold or used by any per the name and address of any political committee	
American Academy of Family Physic Full Name (Last, First, Middle Initial)	cians Political Action Committee	
David J Hoelting, MD Mailing Address 100 ValleyView Dr 100 ValleyView Dr		Date of Receipt M M
City	State Zip Code	Transaction ID: C495073
Pender	NE 68047	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	1000.00
Name of Employer Mercy Medical Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	
Full Name (Last, First, Middle Initial) Dwight D Hood, MD		Date of Receipt
Mailing Address 509 N Gardner Ave		09 / 23 / Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C502339
Lubbock FEC ID number of contributing	TX 79416-3333	Amount of Each Receipt this Period
federal political committee.	C	365.00
Name of Employer Physicians Network Service	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Beulette Y Hooks, MD		Date of Receipt
Mailing Address 7286 E Wynfield Loc	q	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C503203
Midland	GA 31820-3925	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	165.00
Name of Employer Department of Defense-Mar- tin Army Comm	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼	_
Other (specify) ▼	365.00	
		1530.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 29 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and S or for commercial purposes, other than using the	Statements may not be sold or used by any persename and address of any political committee to	
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ans Political Action Committee	
Full Name (Last, First, Middle Initial) Carol Ann Johnson, MD		Date of Receipt
Mailing Address 5303 E 46th St N	7. 0.4	09 23 2008
City Wichita	State Zip Code KS 67220-1400	Transaction ID: C502407 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C 07220-1400	366.00
Name of Employer Emergency Services of Kan- sas	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 366.00	
Full Name (Last, First, Middle Initial) James G Jones, MD		Date of Receipt
Mailing Address 111 Coastal Bluffs Ct		09 26 2008
City	State Zip Code	Transaction ID: C503095
<u>Hampstead</u>	NC 28443-8463	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	200.00
Name of Employer Black River Health Associ- ates	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	400.00	
Full Name (Last, First, Middle Initial) Larry H Kagan, MD		Date of Receipt
Mailing Address 5249 Rolleston Dr		09 29 Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C503366
Virginia Beach	VA 23464-2542	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Indian River Family Pract- ice	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optional)		816.00

SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate sched for each category of Detailed Summary P	the Crieck only one)
Any information copied from such Reports and Sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici		any person for the purpose of soliciting contributions nmittee to solicit contributions from such committee.
7 American Academy of Family Physici	ans Folitical Action Committee	
Full Name (Last, First, Middle Initial) Christina Marie Kelly, MD		Date of Receipt
Mailing Address 6502 62nd Street Ct V	V	09 19 2008
City	State Zip Code	Transaction ID: C501558
University Place	WA 98467-4954	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Multicare	Occupation Resident Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	8.15
Full Name (Last, First, Middle Initial) Diana M King, MD		Date of Receipt
Mailing Address 4410 S 272nd St		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C500996
Kent	WA 98032-7215	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Multicare Health Systems	Occupation physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	5.00
Full Name (Last, First, Middle Initial) Donald R Klitgaard, MD		Date of Receipt
Mailing Address 1220 Chatburn Ave		09 19 2008
City	State Zip Code	Transaction ID: C501602
<u>Harlan</u>	IA 51537-2009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Mystic Medical Center	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	0.00
SUBTOTAL of Receipts This Page (optional) .	1	660.63

	SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 31 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	name and ad	dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	American Academy of Family Physicia	ans Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) William Eric Kobler, MD			Date of Receipt
	Mailing Address 6729 Millbrook Dr			09 / 23 / 4 9 9 9
	City Rockford	State IL	Zip Code 61108-4310	Transaction ID: C502348
	FEC ID number of contributing federal political committee.	C	01100-4310	Amount of Each Receipt this Period 365.00
	Name of Employer OSF Healthcare Systems	Occupation Physicia		_
	Receipt For: Primary General Other (specify) ▼	, ' 	e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Russell Wade Kohl, MD	1		Date of Receipt
	Mailing Address 113 Park Ter			09 05 2008
	City	State	Zip Code	Transaction ID: C495067
	Vinita FEC ID number of contributing federal political committee.	OK OK	74301-2717	Amount of Each Receipt this Period 365.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	, ' · · ·	e Year-to-Date ▼ 365.00	
- С.	Full Name (Last, First, Middle Initial) Carol A La Croix, MD	1		Date of Receipt
	Mailing Address 6623 Glenwood Rd			09 26 YYYYY 2008
	City	State	Zip Code	Transaction ID: C503142
	Omaha FEC ID number of contributing federal political committee.	C	68132-1123	Amount of Each Receipt this Period 365.00
	Name of Employer UNMC Physicians	Occupation Family P		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional)	1		1095.00
-	TOTAL This Period (last page this line number		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 32 / 66 (check only one) X
NAME OF COMMITTEE (In Full)	d Statements may not be sold or used by any person the name and address of any political committee to	
American Academy of Family Physi	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Kent Alan Lee, MD		Date of Receipt
Mailing Address 1128 W Mississippi		09 / 03 / 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4
City	State Zip Code	Transaction ID: C494268
Chattanooga	TN 37405-2862	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer University of Tennessee, College of Me	Occupation Asst. Professor, Family Medicine	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) Paula Leonard-Schwartz, MD		Date of Receipt
Mailing Address 121 Madeline Rd		09 26 7 9 9 9
City	State Zip Code	Transaction ID: C503085
Manchester	NH 03104-2017	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer Catholic Medican Center	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	365.00	
Full Name (Last, First, Middle Initial) Jonathan S Lindgren, MD		Date of Receipt
Mailing Address 1807 NE 52nd Ave		09 24 2008
City	State Zip Code	Transaction ID: C502752
Portland	OR 97213-2729	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Providence Health Systems	Occupation Physician	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	250.00	
)	1115.00

	CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 33 / 66 (check only one) X
A or	ny information copied from such Reports and for commercial purposes, other than using the	Statements ma e name and ad	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Susan Shore Lowry, MD			Date of Receipt
	Mailing Address 117 Kennedy Dr	Stata	7in Codo	09 30 2008
	City Martin	State TN	Zip Code 38237-3309	Transaction ID: C504203 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Martin Medical Center	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
 B.	Full Name (Last, First, Middle Initial) David Ashley Lynch, MD Mailing Address 120 N Shore Dr			Date of Receipt
	0.1.	01-1-	7'- 0-1-	09 09 2008
	City Bellingham	State WA	Zip Code 98226-4425	Transaction ID: C496676 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Family Care Network	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
 >.	Full Name (Last, First, Middle Initial) Leah R Mabry, MD			Date of Receipt
	Mailing Address 339 S Presa St			09 / 19 / 2008
	City	State	Zip Code	Transaction ID: C501052
	San Antonio FEC ID number of contributing federal political committee.	C	78205-3425	Amount of Each Receipt this Period 100.00
	Name of Employer Christus Health Care	Occupatio Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	SUBTOTAL of Receipts This Page (optional) .			965.00
	FOTAL This Period (last page this line numbe			

SCHEDULE A (FEC ITEMIZED RECEIPT	•	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 34 / 66 (check only one) X
or for commercial purposes, oth NAME OF COMMITTEE (In	ner than using the name and	address of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Midd Robert C Marshall, MD	,		Date of Receipt
Mailing Address 6032 Ar Apt 33 City	chstone Ct Apt 303 State	Zip Code	0 9 1 9 2 0 0 8 Transaction ID: C501605
Alexandria	VA	22310-5548	Amount of Each Receipt this Period
FEC ID number of contribution federal political committee.			100.00
Name of Employer US Navy	Occupa Physic		
Receipt For: Primary Gen Other (specify) ▼		ate Year-to-Date ▼ 300.00	
Full Name (Last, First, Midd Gene C McColgin, MD			Date of Receipt
Mailing Address 1605 BI	ack Sands Way		09 25 2008
City	State	Zip Code	Transaction ID: C503007
Tillamook	OR	97141	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	ing C		365.00
Name of Employer Tillamook Emergency Servi- ces	Occupa Physic		
Receipt For: Primary Gen Other (specify) ▼		ate Year-to-Date ▼ 365.00]
Full Name (Last, First, Midd Mark A McLoney, MD	le Initial)		Date of Receipt
Mailing Address 398 W I	Bagley Rd Ste 1		09 23 7 2008
City	State	Zip Code	Transaction ID: C502356
Berea	<u>OH</u>	44017-1312	Amount of Each Receipt this Period
FEC ID number of contribut federal political committee.	C		365.00
Name of Employer Premier Physicians Group	Occupa Physic	ian	
Receipt For: Primary Gen Other (specify) ▼		ate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This			830.00

	EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 15 16 11
or f	y information copied from such Reports and for commercial purposes, other than using th	Statements may e name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
۱.	Full Name (Last, First, Middle Initial) David S Meyers, MD			Date of Receipt
	Mailing Address 214 Hodges Ln City	State	Zip Code	09 26 2008
	Takoma Park	MD	20912-4228	Transaction ID: C503114 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	20312-4220	250.00
	Name of Employer Dept. of Health and Human Svcs.	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
	Full Name (Last, First, Middle Initial) Kevin P Mikus, MD	1		Date of Receipt
	Mailing Address Matthews Primary Ca 2407 Plantation Center	er Dr		09 / 19 / 2008
	City	State NC	Zip Code	Transaction ID: C501702
	Matthews FEC ID number of contributing federal political committee.	C	28105-5418	Amount of Each Receipt this Period 90.91
	Name of Employer Crown Health Care	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 545.46	
	Full Name (Last, First, Middle Initial) Gary Donald Miller, MD			Date of Receipt
	Mailing Address 920 Ridgecrest Rd			09 / 05 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C495079
	Orlando FEC ID number of contributing	FL C	32806-6341	Amount of Each Receipt this Period 365.00
	federal political committee.			555.55
	Name of Employer Vitos	Occupation Physician	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 365.00	
SI	JBTOTAL of Receipts This Page (optional) .			705.91

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 36 / 66 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may ne name and add	not be sold or used by any persoress of any political committee to	
American Academy of Family Physic	cians Political A	Action Committee	
Full Name (Last, First, Middle Initial) Walter W Mills, MD			Date of Receipt
Mailing Address 3820 Sedgemoore D			09 24 2008
City	State	Zip Code	Transaction ID: C502840
Santa Rosa	CA	95404-7619	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Self Employed	Occupation Physician		
Receipt For:	- ' 	Year-to-Date ▼	7
Primary General Other (specify) ▼	33.13.10	365.00	
Full Name (Last, First, Middle Initial) Albert D Mims, MD			Date of Receipt
Mailing Address 200 Dogwood Ln			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: C503063
Lake City	SC	29560-4007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Lake City Community Hospi- tal	Occupation Physician		
Receipt For: Primary General Other (specify) ▼	Aggregate `	Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Elisabeth Fowlie Mock, MD			Date of Receipt
Mailing Address 46 Clark Hill Rd 915 Union St Ste 4			09 23 7 2008
City	State	Zip Code	Transaction ID: C502419
<u>Holden</u>	ME	04429-7253	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		365.00
Name of Employer Eastern Maine Medical Cen- ter	Occupation Physician		7
Receipt For:	Aggregate '	Year-to-Date ▼	
Primary General Other (specify) ▼		365.00	
SUBTOTAL of Receipts This Page (optional)			1095.00

TOTAL This Period (last page this line number only)

	IIZED RECEIPTS		for each category of the Detailed Summary Page	(check only one) X 11a
or for c	commercial purposes, other than using the	Statements may ne name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Academy of Family Physic	ians Political	Action Committee	
L. Elis	Name (Last, First, Middle Initial) sabeth B Nadler, MD			Date of Receipt
Mai —— City	iling Address 2800 Dekalb St	State	Zip Code	0 9 0 4 2 0 0 8 Transaction ID: C494375
-	rham	NC	27705-5602	Amount of Each Receipt this Period
FE	C ID number of contributing eral political committee.	C	1.100 0002	365.00
<u>Cer</u>	me of Employer ke University Medical nter	Occupation Physician		
Red	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00]
Che	Name (Last, First, Middle Initial) eyn D Onarecker, MD			Date of Receipt
	lling Address 608 NW 9th St Ste 1000			09 26 2008
City	/ :lahoma City	State OK	Zip Code	Transaction ID: C503138
FE	C ID number of contributing eral political committee.	C	73102-1014	Amount of Each Receipt this Period 365.00
Nar St.	ne of Employer Anthony Hospital	Occupation Physician		
Rec	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	Name (Last, First, Middle Initial)			Date of Receipt
	ling Address 7442 Weather Worn	Way		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C501708
<u>Co</u>	lumbia	MD	21046-1480	Amount of Each Receipt this Period
	C ID number of contributing eral political committee.	C		36.50
Pot	me of Employer tomac Physicians, PA	Occupation Physician	n	
Rec	ceipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 255.50	
SUBT	OTAL of Receipts This Page (optional)			766.50

SCHEDULE A (FEC Form 3 ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 38 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to esicians Political Action Committee	
Full Name (Last, First, Middle Initial) Javette C Orgain, MD Mailing Address PO Box 806527 City Chicago FEC ID number of contributing federal political committee. Name of Employer University of Illinois	State Zip Code IL 60680-4126 C Occupation Physician	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	
Full Name (Last, First, Middle Initial) Christine A Petty, MD Mailing Address 2 White Oak Dr		Date of Receipt M M D D Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C501701
Coal Valley	IL 61240-9571	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Dean Health Plan	Occupation VP Medical Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Gary Michael Plant, MD Mailing Address 76 NE 12th St		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C503352
Madras FEC ID number of contributing federal political committee.	OR 97741-1827	Amount of Each Receipt this Period 365.00
Name of Employer Madras Medical Group	Occupation Family Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
SUBTOTAL of Receipts This Page (option	nal)	680.00

Γ	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 39 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
\	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
∠ A .	Full Name (Last, First, Middle Initial) Roberto G Quizon, MD Mailing Address 18041 Greenfield Rd	Chata	7in Codo	Date of Receipt 0 9 1 9 2 0 0 8
	City Detroit	State MI	Zip Code 48235-3120	Transaction ID: C501801
	FEC ID number of contributing federal political committee.	C	40235-3120	Amount of Each Receipt this Period 30.00
	Name of Employer Green Cross Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physicial Aggregate		
— В.	Full Name (Last, First, Middle Initial) William E Raduege, MD Mailing Address PO Box 1387	l		Date of Receipt 0 9 2 3 2 0 0 8
	City	State	Zip Code	Transaction ID: C502416
	Woodruff	WI	54568-1387	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		135.00
	Name of Employer William E Raduege, MD, SC (Corporation Receipt For: Primary General Other (specify)	Occupation Physicial Aggregate		
С.	Full Name (Last, First, Middle Initial) Richard L Rajewski, MD Mailing Address Hays Family Medicine 2509 Canterbury Dr			Date of Receipt 0 9 1 0 2 0 0 8
	City	State	Zip Code	Transaction ID: C495150
	<u>Hays</u>	KS	67601-2294	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hays Family Practice	Occupatio Physicia	n	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
		•		415.00

	E A (FEC Form 3X) RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 40 / 66 (check only one) X
or for commerci	copied from such Reports and all purposes, other than using the OMMITTEE (In Full) Academy of Family Physici	e name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
Adrian Eric R Mailing Addr	· · · · · · · · · · · · · · · · · · ·			Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City		State	Zip Code	Transaction ID: C503130
	ber of contributing cal committee.	CA	95363-8529	Amount of Each Receipt this Period 365.00
Receipt For:	ployer Health Center y General (specify) •	Occupation Physicia Aggregate		
Full Name (L Paul J Reiss, Mailing Addr		<u> </u>		Date of Receipt 0 9 2 6 2 0 0 8
City		State	Zip Code	Transaction ID: C503050
Williston		VT	05495-9701	Amount of Each Receipt this Period
	ber of contributing cal committee.	C		365.00
Name of Em Evergreen F	ployer amily Health	Occupation Physicia		
Receipt For: Primar Other	y General (specify) ▼		e Year-to-Date ▼ 365.00	
Full Name (L	ast, First, Middle Initial)			Date of Receipt
Mailing Addr	ess UW Hth Fox Vly Fam 229 S Morrison St	Medicine		09 / 25 / 2008
City		State	Zip Code	Transaction ID: C502971
	ber of contributing cal committee.	C	54911-5725	Amount of Each Receipt this Period 250.00
Name of Em Kettering Me	ployer dical Center	Occupation Physicia		
Receipt For: Primar Other	y General (specify) ▼		e Year-to-Date ▼ 250.00	
SUBTOTAL of	Receipts This Page (optional) .	1)	980.00

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 41 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements ma e name and ad	y not be sold or used by any persondress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.
	American Academy of Family Physici	ans Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Wilson F Rigler, MD Mailing Address 14142 524th St			Date of Receipt
	Mailing Address 14142 524th St City	State	Zip Code	0 9 1 2 2 0 0 8 Transaction ID: C497252
	Centerville	IA	52544-8658	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Self Employed	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- В.	Full Name (Last, First, Middle Initial) Robert R Rodak, DO			Date of Receipt
	Mailing Address 6445 Pepper Ct			09 23 2008
	City	State	Zip Code	Transaction ID: C502349
	Erie FEC ID number of contributing federal political committee.	PA C	16505-2673	Amount of Each Receipt this Period 292.00
	Name of Employer Hamot Health Foundation	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
- С.	Full Name (Last, First, Middle Initial) Cynthia Corrine Romero, MD			Date of Receipt
	Mailing Address 519 W 20th St Apt 30	8		09 23 2008
	City	State	Zip Code	Transaction ID: C502417
	Norfolk FEC ID number of contributing federal political committee.	C	23517-1941	Amount of Each Receipt this Period 365.00
	Name of Employer Romero Family Practice	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1022.00
-	TOTAL This Period (last page this line numbe		<u> </u>	

SCHEDULE A (FEC Form 3X ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 42 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than using	d Statements may not be sold or used by any person the name and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Academy of Family Phys	icians Political Action Committee	
Full Name (Last, First, Middle Initial) Yvette L Rooks, MD		Date of Receipt
Mailing Address 8317 Birchmere Ter		09 26 2008
City Ellicott City	State Zip Code MD 21043-7926	Transaction ID: C503259 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	365.00
Name of Employer University of Maryland Sc- hool of Medic	Occupation Physician	
Receipt For: Primary General	Aggregate Year-to-Date ▼ 365.00	1
Other (specify)		
Full Name (Last, First, Middle Initial) Shirley Uhl Salvatore, MD		Date of Receipt
Mailing Address 10 Hastings Ct		09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C503112
Pueblo FEC ID number of contributing federal political committee.	CO 81001-1400	Amount of Each Receipt this Period 365.00
Name of Employer St. Mary Corwin Hospital	Occupation Physician	
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Thomas D Sandager, MD		Date of Receipt
Mailing Address Riverview Ctr Marsh 1000 Starr Ave		09 / 20 / Y Y Y Y Y
City	State Zip Code	Transaction ID: C502081
Eau Claire FEC ID number of contributing federal political committee.	WI 54703-1891	Amount of Each Receipt this Period 250.00
Name of Employer Marshfield Clinic	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
SUBTOTAL of Receipts This Page (optiona	l)	980.00
	per only)	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 43 / 66 (check only one) X 11a
	Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici	e name and add	dress of any political committee t	son for the purpose of soliciting contributions to solicit contributions from such committee.
∠ 4.	Full Name (Last, First, Middle Initial) John Edward Sattenspiel, MD Mailing Address 251 W Broadway #24	3		Date of Receipt
	City Eugene	State OR	Zip Code 97401-2859	Transaction ID: C502182 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		35.00
	Name of Employer Salem Family Physicians, PC Receipt For: Primary Other (specify) ▼	Occupatio Physicial Aggregate		
3.	Full Name (Last, First, Middle Initial) Edward Jay Schwager, MD Mailing Address 6941 N Chaparral Pl			Date of Receipt 0 9 2 6 2 0 0 8
	City	State	Zip Code	Transaction ID: C503133
	Tucson FEC ID number of contributing federal political committee.	AZ C	85718-1234	Amount of Each Receipt this Period 365.00
	Name of Employer Carondelet Medical Group Receipt For: Primary General Other (specify) ▼	Occupatio Physician Aggregate		
<u> </u>	Full Name (Last, First, Middle Initial) Patricia Ann Sereno, MD Mailing Address 10 Morgan Ave			Date of Receipt 0 9 2 2 2 0 0 8
	City	State	Zip Code	Transaction ID: C502183
	Stoneham FEC ID number of contributing federal political committee.	C	02180-3417	Amount of Each Receipt this Period 45.63
	Name of Employer Hallmark Health	Occupatio Physicial		
	Receipt For: Primary General Other (specify) ▼	- ' · · ·	e Year-to-Date ▼ 228.15	
	SUBTOTAL of Receipts This Page (optional) .	1		445.63

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 44 / 66 (check only one) X 11a
A 0	ny information copied from such Reports and for commercial purposes, other than using th	Statements may e name and add	not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physic	ians Political	Action Committee	
	Full Name (Last, First, Middle Initial) Kevin P Shaffer, MD			Date of Receipt
	Mailing Address 637 Long Point Dr			09 26 2008
	City	State	Zip Code	Transaction ID: C503068
	Erie	PA	16505-5411	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer SVHS	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Full Name (Last, First, Middle Initial) Bakula Shukla Shukla Sheth, MD			Date of Receipt
	Mailing Address 6005 Orion Rd			09 12 2008
	City	State	Zip Code	Transaction ID: C497177
	Louisville	KY	40222-5938	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
_	Full Name (Last, First, Middle Initial) Linda Marie Siy, MD			Date of Receipt
	Mailing Address 4133 Bilglade Rd			09 22 2008
	City	State	Zip Code	Transaction ID: C502184
	Fort Worth	TX	76109-5436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.63
	Name of Employer University of North Texas Health Scien	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General Other (specify) ▼		228.15	
г		1		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 45 / 66 (check only one) X
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	e name and add	dress of any political committee to	on for the purpose of soliciting contributions
Full Name (Last, First, Middle Initial) Patrick Brent Smith Mailing Address 1315 N Jefferson St Apt 220 City Jackson FEC ID number of contributing federal political committee.	State MS	Zip Code 39202-1764	Date of Receipt M M M
Name of Employer University of Mississippi Receipt For: Primary General Other (specify) ▼	Occupatio Student	n e Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Tobie-Lynn Smith, MD Mailing Address 136 E Craig PI # 1 City San Antonio FEC ID number of contributing federal political committee. Name of Employer Christus Health Receipt For: Primary General Other (specify)	State TX C Occupatio Resident Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Don A Solberg, MD Mailing Address 716 E Manitoba Ave City Ellensburg FEC ID number of contributing federal political committee. Name of Employer	State WA C	Zip Code 98926-3842	Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)	Physicial Aggregate	n e Year-to-Date ▼ 228.15	545.63

	IEDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 66 (check only one) X 11a
or for	commercial purposes, other than using the	Statements may e name and add	y not be sold or used by any persidress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\	ME OF COMMITTEE (In Full) nerican Academy of Family Physici	ians Political	Action Committee	
Ke	ll Name (Last, First, Middle Initial) vin Eugene Steichen, MD			Date of Receipt
	illing Address 2254 E 37th St	Ctoto	Zin Codo	09 26 2008
Cit Tı	y Ilsa	State OK	Zip Code 74105-3432	Transaction ID: C503070 Amount of Each Receipt this Period
FE	C ID number of contributing leral political committee.	C	74100 0402	365.00
Na Or	me of Employer nni Medical Group	Occupatio Family P		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
3. Ke	ll Name (Last, First, Middle Initial) ith L Stelter, MD			Date of Receipt
Ma 	iling Address 101 Martin Luther Kin	g Dr		09 / 26 / 2008
Cit	•	State	Zip Code	Transaction ID: C503096
FE	ankato C ID number of contributing leral political committee.	C	56001-6460	Amount of Each Receipt this Period 365.00
Na IS	me of Employer J/Mayo Health System	Occupatio Physicia		
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	ll Name (Last, First, Middle Initial) da Gonzales Stogner, MD			Date of Receipt
Ma	iling Address Esperanza Family He PO Box 807	alth Ctr		09 / 23 / 4 2008
Cit		State	Zip Code	Transaction ID: C502402
	stancia C ID number of contributing	NM	87016-0807	Amount of Each Receipt this Period
fed	leral political committee.	C		500.00
<u>ice</u>		Occupatio Physicia	n	
Re	ceipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
	FOTAL of Receipts This Page (optional) .	ı		1230.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 47 / 66 (check only one) X
Any information copied from such Reports and or for commercial purposes, other than using to NAME OF COMMITTEE (In Full) American Academy of Family Physic	d Statements may not be sold or used by any personal statements may not be sold or used by any personal he name and address of any political committee to cians Political Action Committee	on for the purpose of soliciting contributions o solicit contributions from such committee.
Full Name (Last, First, Middle Initial) Linda C Stone, MD Mailing Address 397 Jessing Trl City Columbus FEC ID number of contributing federal political committee. Name of Employer Ohio State University Col-	State Zip Code OH 43235-8409 C Occupation	Date of Receipt M M M / D D / Y Y Y Y Y 0 9
lege of Medic Receipt For: Primary General Other (specify) ▼	Physician Aggregate Year-to-Date ▼ 465.00]
Full Name (Last, First, Middle Initial) Windel Stracener, MD Mailing Address 1333 Hunters Pointe	Dr	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Richmond FEC ID number of contributing federal political committee. Name of Employer Inpatient Management Inc	State Zip Code IN 47374-7184 C Occupation Physician	Transaction ID: C503093 Amount of Each Receipt this Period 365.00
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 365.00	
Full Name (Last, First, Middle Initial) Glen R Stream, MD Mailing Address 14408 E Sprague Av	ve	Date of Receipt 0 9 2 2 2 2 0 0 8
City Spokane FEC ID number of contributing federal political committee.	State Zip Code WA 99216-2167	Transaction ID: C502196 Amount of Each Receipt this Period 165.00
Name of Employer Rockwood Clinic Receipt For: Primary General	Occupation Physician Aggregate Year-to-Date ▼	
Other (specify) ▼	1305.00	

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 48 / 66 (check only one) X 11a
4	Any information copied from such Reports and Sor for commercial purposes, other than using the	Statements ma e name and ad	ly not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Academy of Family Physici	ans Political	Action Committee	
A .	Full Name (Last, First, Middle Initial) Sarah B Thomas, MD			Date of Receipt
	Mailing Address 1273 E 1900th Rd	2: :	7: 0.1	09 25 2008
	City Eudora	State KS	Zip Code 66025-9147	Transaction ID: C503025 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	00020 3147	365.00
	Name of Employer American Academy of Family Physicians	Occupation Communication	on nications Director	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
— В.	Full Name (Last, First, Middle Initial) David C Thorson, MD			Date of Receipt
	Mailing Address Minnhealth 4786 Banning Ave			09 / 26 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C503098
	White Bear Lake FEC ID number of contributing federal political committee.	C	55110-3264	Amount of Each Receipt this Period 365.00
	Name of Employer Minnhealth PA	Occupation Physicia		
	Receipt For:	_ ' _ '	e Year-to-Date	
	Primary General Other (specify) ▼		365.00	
с. С.	Full Name (Last, First, Middle Initial) Timothy J Tobolic, MD			Date of Receipt
	Mailing Address 7751 Byron Center Av PO Box 307	e Ste A		09 / 26 / Y Y Y Y Y
	City Byron Center	State MI	Zip Code 49315-0307	Transaction ID: C503092
	FEC ID number of contributing federal political committee.	C	49515-0307	Amount of Each Receipt this Period 365.00
	Name of Employer Byron Family Medicine	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
	SUBTOTAL of Receipts This Page (optional) .			1095.00
r	TOTAL This Period (last page this line number			

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	for e	e separate schedule(s) each category of the ailed Summary Page	FOR LINE NUMBER: PAGE 49 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
Any information copied from such Reports and sor for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physici			
Full Name (Last, First, Middle Initial) Daniel J Van Durme, MD Mailing Address 7023 Dardwood Ln City Tallahassee FEC ID number of contributing federal political committee. Name of Employer FSU College of Medicine Receipt For: Primary General Other (specify)	State Zi	p Code 2312-3511	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Lloyd P Van Winkle, MD Mailing Address 409 Madrid PO Box 960 City Castroville FEC ID number of contributing federal political committee.		p Code 8009-0960	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Tim Joseph Vega, MD Mailing Address 209 W Columbia Ter	Medical Doctor Aggregate Year-to		Date of Receipt
City Peoria FEC ID number of contributing federal political committee.	·	p Code 1606-1504	Transaction ID: C495072 Amount of Each Receipt this Period 500.00
Name of Employer St. Francis Medical Center Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-te	o-Date ▼ 500.00	
SUBTOTAL of Receipts This Page (optional) .		·····	898.18

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 50 / 66 (check only one) X 11a
,	Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may be name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Academy of Family Physici	ians Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Thomas J Vinton, MD			Date of Receipt
	Mailing Address 5609 S 170th St	Stata	7in Codo	09 11 2008
	City Omaha	State NE	Zip Code 68135-2257	Transaction ID: C497111 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Alegent Health	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
— В.	Full Name (Last, First, Middle Initial) Dana S Ware, MD Mailing Address PO Box 1000	<u> </u>		Date of Receipt
				09 26 2008
	City Chester	State CA	Zip Code 96020-1000	Transaction ID: C503131 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	30020 1000	1000.00
	Name of Employer Self Employed	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00	
_ c.	Full Name (Last, First, Middle Initial) E Mark Watts, MD			Date of Receipt
	Mailing Address 415 S Pollard St			09 / 22 / 4 2008
	City Vinton	State VA	Zip Code	Transaction ID: C502207
	FEC ID number of contributing federal political committee.	C	24179-2502	Amount of Each Receipt this Period 45.63
	Name of Employer Cavilier Faculty Medicine	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	_,	e Year-to-Date ▼ 228.15	
	SUBTOTAL of Receipts This Page (optional) .			1545.63
	TOTAL This Period (last page this line numbe			

	SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 51 / 66 (check only one) X 11a
	Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physicia	name and ad	dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
A.	Full Name (Last, First, Middle Initial) Pamela Weaner, MD Mailing Address 11 Colonial Dr City Jonestown FEC ID number of contributing federal political committee. Name of Employer Fredericksburg Community	State PA C	Zip Code 17038-9256	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
_	Receipt For: Primary General Other (specify)	Physicia Aggregate	n e Year-to-Date ▼ 365.00	
3.	Full Name (Last, First, Middle Initial) Jane A Weida, MD Mailing Address 1011 Handsome PI			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Lititz	State PA	Zip Code 17543-9708	Transaction ID: C502208 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Hershey Medical Center	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00	
- :.	Full Name (Last, First, Middle Initial) Randell K Wexler, MD Mailing Address 6040 Haybury Dr	l		Date of Receipt 0 9 2 2 2 0 0 8
	City	State	Zip Code	Transaction ID: C502218
	New Albany FEC ID number of contributing federal political committee.	OH C	43054-8691	Amount of Each Receipt this Period 656.25
	Name of Employer The Ohio State University	Occupation Physicia		
	Receipt For: Primary General Other (specify) ▼		e Year-to-Date ▼ 2375.00	
	SUBTOTAL of Receipts This Page (optional)			1121.25
	TOTAL This Period (last page this line number	only)		

CHEDULE A (FEC Form 3X) FEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 52 / 66 (check only one) X 11a 11b 11c 12 13 14 15 16
ny information copied from such Reports and r for commercial purposes, other than using t	I Statements may not be sold or used by any per he name and address of any political committee	
NAME OF COMMITTEE (In Full) American Academy of Family Physic	cians Political Action Committee	
Full Name (Last, First, Middle Initial) Charles Henry Wile, MD		Date of Receipt
Mailing Address 311 Rolling Creek Ci		09 / 23 / 7 7 7 7
City Irmo	State Zip Code SC 29063-8386	Transaction ID: C502366 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Patricia A Williams, MD		Date of Receipt
Mailing Address 110 S 9th St		09 26 2008
City	State Zip Code	Transaction ID: C503118
Mayfield FEC ID number of contributing federal political committee.	KY 42066-2208	Amount of Each Receipt this Period 300.00
Name of Employer Self Employed	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Jane Ann Williams-Vale, MD		Date of Receipt
Mailing Address 46 Middlesex Ave		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Wilmington	State Zip Code MA 01887-2753	Transaction ID: C502224 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.63
Name of Employer Winchester Physicians Association	Occupation Physician	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 228.15	
SUBTOTAL of Receipts This Page (optional)	1	595.63

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate s for each categ Detailed Sumn	ory of the	OR LINE NUMBER: PAGE 53 / 66 check only one) X 11a 11b 11c 12 16 16
Any information copied from such Reports and or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) American Academy of Family Physic			
Full Name (Last, First, Middle Initial) Andy F Williamson, MD Mailing Address 214 Ridge Cir City Dublin FEC ID number of contributing federal political committee. Name of Employer Medical Center Receipt For:	State Zip Code GA 31021-3715 C Occupation Physician Aggregate Year-to-Date		Date of Receipt M M M / D D D 2 3 2 0 0 8 Transaction ID: C502329 Amount of Each Receipt this Period 365.00
Primary General Other (specify) Full Name (Last, First, Middle Initial) Steven Louis Wolfe, MD Mailing Address University Of Iowa He		365.00	Date of Receipt
200 Hawkins Dr # 01 City Iowa City FEC ID number of contributing federal political committee.	286 State Zip Code IA 52242-1009		Transaction ID: C503124 Amount of Each Receipt this Period 365.00
Name of Employer University Of Iowa Hospit- als Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	365.00	
Full Name (Last, First, Middle Initial) C Yurkewycz-Taras, MD Mailing Address 4123 Copley Rd			Date of Receipt O 9 O 2 3 O 2 8
City Akron FEC ID number of contributing federal political committee.	State Zip Code OH 44321-1515	1	Transaction ID: C502371 Amount of Each Receipt this Period 250.00
Name of Employer Self Employed Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate Year-to-Date	250.00	
SUBTOTAL of Receipts This Page (optional)		·····	980.00

CHEDULE A (FEC Form 3 EMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 54 / 66 (check only one) 11a 11b 11c 12 13 14 X 15 16
ny information copied from such Reports a for commercial purposes, other than usin NAME OF COMMITTEE (In Full)	and Statements may not be sold or used by any persong the name and address of any political committee to	
American Academy of Family Phy	sicians Political Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk	Creek Pkwy	09 04 2008
City	State Zip Code	Transaction ID: C494400
Leawood	KS 66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	19.07
Name of Employer	Occupation	1
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4612.12	
☐ Other (specify) ▼		
Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk	Creek Pkwy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C497255
Leawood	KS 66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	492.34
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	_
Primary General Other (specify) ▼	4612.12	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians		Date of Receipt
Mailing Address 11400 Tomahawk	Creek Pkwy	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID: C503508
Leawood	KS 66211-2672	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	401.24
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	4612.12	
Other (specify) ▼		
GUBTOTAL of Receipts This Page (option	al)	912.65
\ \ \ \ \ \	······································	

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C.

TEMIZED DISBURSEMENTS ny Information copied from such Reports and States	for each category of the Detailed Summary Page		/ one)
	Dotailed Carrillary 1 age	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30c
r for commercial purposes, other than using the nam		by any person f	or the purpose of soliciting contributions
NAME OF COMMITTEE (In Full)	, , , , , , , , , , , , , , , , , ,		
American Academy of Family Physicians	Political Action Committe	ee	
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D72236 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & 9 & M \\ 0 & 9 & M \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ 0 & 9 \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			7.60
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼		
Full Name (Last, First, Middle Initial)			Transaction ID: D72237
American Express			Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} M & M \\ O & 9 \end{bmatrix}^M & \begin{bmatrix} D & D \\ 1 & 1 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{bmatrix}$
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee		· ·	31.00
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D72238 Date of Disbursement
Mailing Address PO Box 53852			09
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			4.65
Candidate Name		Category/ Type	
Office Sought: House Disburs Senate President	ement For: Primary General Other (specify)	-) 0	
State: District:			

В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)		NUMBER:		PAGE	56 /	66
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	22 23 28a 28	-	. П	25 29	26 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nar			for the purpose of	of soliciting			
NAME OF COMMITTEE (In Full)							
American Academy of Family Physicians	Political Action Committee						
Full Name (Last, First, Middle Initial) American Express			Transaction Date of Disbu	ursement			
Mailing Address PO Box 53852			09 /	16	Ý Ž	0 0 8	3 ^Y
City Phoenix	State Zip Code AZ 85072-3852		Amount of Ea	ach Disbur	semen	t this I	Period
Purpose of Disbursement Bank card processing fee			L			11.3	2
Candidate Name		Category/ Type					
Senate President	ement For: Primary General Other (specify) ▼						
State: District: Full Name (Last, First, Middle Initial)							
American Express			Transaction Date of Disbu	ursement		·	V
Mailing Address PO Box 53852			09 /	19	ž	0 0 8	3 1
City Phoenix	State Zip Code AZ 85072-3852		Amount of Ea	ach Disbur	semen		
Purpose of Disbursement Bank card processing fee		•	L			1.5	5
Candidate Name		Category/ Type					
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify)						
Full Name (Last, First, Middle Initial)			T	ID D70	207		
American Express			Transaction Date of Disbu	ursement		V *	V
Mailing Address PO Box 53852			09 /	^D 2 2 /	2	0 0 8	3
City Phoenix	State Zip Code AZ 85072-3852		Amount of Ea	ach Disbur	semen		
Purpose of Disbursement						4.6	5
Bank card processing fee Candidate Name		Category/ Type					
Senate President	ement For: Primary General Other (specify)						
State: District:							
SUBTOTAL of Disbursements This Page (optional		>				17.5	2

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В.

C.

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	E NUMBER:	PAGE 57 / 66	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 21b 27	22 23 28a 28b		26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name		any person	for the purpose of	soliciting contributions	300
NAME OF COMMITTEE (In Full)					
American Academy of Family Physicians I	Political Action Committee				
Full Name (Last, First, Middle Initial) American Express			Transaction I Date of Disbur	rsement	
Mailing Address PO Box 53852			09 /	23 / 2008	
City Phoenix	State Zip Code AZ 85072-3852		Amount of Eac	ch Disbursement this Period	_
Purpose of Disbursement Bank card processing fee				42.42	_
Candidate Name		Category/ Type			
Senate President	ement For: Primary General Other (specify)	•			
State: District:					
Full Name (Last, First, Middle Initial) American Express			Transaction I Date of Disbu	rsement	
Mailing Address PO Box 53852			09 /	24 7 2008	
City Phoenix	State Zip Code AZ 85072-3852		Amount of Eac	ch Disbursement this Period	_
Purpose of Disbursement Bank card processing fee				7.75	_
Candidate Name		Category/ Type			
Senate President	ement For: Primary General Other (specify)				
State: District: Full Name (Last, First, Middle Initial)					
American Express			Transaction I Date of Disbui	rsement	
Mailing Address PO Box 53852			0 9 1	26 7 2008	
Phoenix	State Zip Code AZ 85072-3852		Amount of Eac	ch Disbursement this Period	7
Purpose of Disbursement Bank card processing fee				1.09	_
Candidate Name		Category/ Type			
Senate President	ement For: Primary General Other (specify)				
State: District:					
SUBTOTAL of Disbursements This Page (optional)		>		51.26	

A.

В.

C.

SCHEDULE B (FEC Form 3X)		FOR LINE 1	NUMBER: PAGE 58 / 66
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
TI LIMIZED DISBOTISEMENTS	Detailed Summary Page	X 21b	22 23 24 25 26
Any Information copied from such Reports and State	mente may not be cold or used by	27 27 con fo	28a
or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Academy of Family Physicians	Political Action Committee		
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D73231 Date of Disbursement
Mailing Address PO Box 53852			$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} D & D \\ D & 9 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ D & O & 0 & 8 \end{smallmatrix} \end{bmatrix} $
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			76.57
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) American Express			Transaction ID: D73232 Date of Disbursement
Mailing Address PO Box 53852			09 7 30 7 2008
City Phoenix	State Zip Code AZ 85072-3852		Amount of Each Disbursement this Period
Purpose of Disbursement Bank card processing fee			176.86
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial) Bank Of America Merchant Services			Transaction ID: D73233 Date of Disbursement
Mailing Address WA2-505-01-40 PO Box 2485			09 M / D 3 D / Y Y Y O O 8
City Spokane	State Zip Code WA 99210-2485		Amount of Each Disbursement this Period
Purpose of Disbursement Bank excessive transaction fee	Ir		15.75
Candidate Name		Category/ Type	
Senate President	ement For: Primary General Other (specify)		
State: District:			
SUBTOTAL of Disbursements This Page (optional)		>	269.18

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SCHEDULE B (FEC Form 3X)

President

District:

FOR LINE NUMBER: PAGE 59/66 Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the 21b 22 23 25 26 **Detailed Summary Page** 27 28a 28b 28c 29 30b Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Transaction ID: D72234 Bank Of America Merchant Services Date of Disbursement 0 2 0 9 2008 Mailing Address WA2-505-01-40 PO Box 2485 City State Zip Code Amount of Each Disbursement this Period WA 99210-2485 Spokane 336.18 Purpose of Disbursement Bank card processing fee Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: Full Name (Last, First, Middle Initial) Transaction ID: D72235 Discover Network Date of Disbursement 0 3ั 0 9 2008 Mailing Address P O Box 52145 City State Zip Code Amount of Each Disbursement this Period 85072-2145 Phoenix ΑZ 21.81 Purpose of Disbursement Credit card processing fee Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General

SUBTOTAL of Disbursements This Page (optional)	>	357.99
TOTAL This Period (last page this line number only)	•	739.20

Other (specify)

State:

IT		3X)	Use sepa	rate schedule(s)		FOR LIN		-					
	EMIZED DISBURSEMEN	ITS	for each o	category of the Summary Page		(check of 21b) 27	only d	22 28a	X 23		24 28c	25 29	П
	y Information copied from such Reports or commercial purposes, other than us												S
\rangle	NAME OF COMMITTEE (In Full) American Academy of Family Pl												
,	Full Name (Last, First, Middle Initial) DONNA CHRISTENSEN CAMPA	AIGN								ID: D			
	Mailing Address 417 New Jerse	ey Ave SE						0 9	/	^D 3 0	/ Y	ž 0 ŏ 8	3 ^Y
	City Washington		State DC	Zip Code 20003-4007				Amoui	nt of Ea	ch Disk		ent this I	
	Purpose of Disbursement Campaign contribution									•		3500.0	0
	Candidate Name Del. Donna M. Christensen	15				tegory/ ype							
	Office Sought: X House Senate President		ment For: Primary Other (spe	2008 X General cify) ▼									
	State: VI District: 00 Full Name (Last, First, Middle Initial) JEANNE SHAHEEN FOR SENA	.TE								ID: D			
	Mailing Address PO BOX 1510							0 9	/ [^D 3 0	/ Y	ž 0 ŏ 8	8 ^Y
	City		State	Zip Code				Amoui	nt of Ea	ach Dist	ourseme	ent this I	Perio
	MANCHESTER	ſ	NΗ	03105									
	Purpose of Disbursement Campaign contribution	[NH	03105							į	5000.0	0
	Purpose of Disbursement		NH	03105		tegory/ ype			•		į	5000.0	0
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: X Senate President	Disburser		2008 X General								5000.0	0
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: X Senate	Disburser	ment For: Primary	2008 X General				Date o	f Disbu	ID: D'	72254 nt		
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: Whouse X Senate President State: NH District: Full Name (Last, First, Middle Initial)	Disburser	ment For: Primary	2008 X General					f Disbu		72254 nt	ž 0 0 8	
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: House X Senate President State: NH District: Full Name (Last, First, Middle Initial) Linda Stender for Congress	Disburser	ment For: Primary	2008 X General				Date o	f Disbu	D 3 0	72254 ht Y	Ž 0 Ŏ 8	3 Y
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: House X Senate President State: NH District: Full Name (Last, First, Middle Initial) Linda Stender for Congress Mailing Address PO Box 730 City Scotch Plains Purpose of Disbursement Campaign congribution	Disburser	ment For: Primary Other (spe	2008 ☐ X General cify) ▼ Zip Code		уре		Date o	f Disbu	D 3 0	72254 ht Y	žoŏs	3 Y
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: House X Senate President State: NH District: Full Name (Last, First, Middle Initial) Linda Stender for Congress Mailing Address PO Box 730 City Scotch Plains Purpose of Disbursement Campaign congribution Candidate Name Ms. Linda Stender	Disburser	ment For: Primary Other (spe	2008 X General cify) ▼ Zip Code 07076-0730	Cat			Date o	f Disbu	D 3 0	72254 ht Y	Ž 0 Ŏ 8	3 ^Y
	Purpose of Disbursement Campaign contribution Candidate Name Ms. Jeanne Shaheen Office Sought: House X Senate President State: NH District: Full Name (Last, First, Middle Initial) Linda Stender for Congress Mailing Address PO Box 730 City Scotch Plains Purpose of Disbursement Campaign congribution Candidate Name	Disburser	ment For: Primary Other (spe	2008 X General cify) ▼ Zip Code 07076-0730 2008 X General	Cat	ype legory/		Date o	f Disbu	D 3 0	72254 ht Y	Ž 0 Ŏ 8	3 Y

CHEDULE B (FEC Form 3X)	Use sepa	arate schedule(s)	FOR LINE (check only	NUMBER: PAGE 61 / 66
TEMIZED DISBURSEMENTS		category of the Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29
ny Information copied from such Reports and Star for commercial purposes, other than using the n				
NAME OF COMMITTEE (In Full)	arre and addre	33 of arry political		met contributions from such committee
American Academy of Family Physician	ns Political A	ction Committe	е	
Full Name (Last, First, Middle Initial) BAKER FOR CONGRESS				Transaction ID: D72253 Date of Disbursement
Mailing Address PO Box 312				$\begin{bmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ O \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \begin{smallmatrix} M \\ M \end{smallmatrix} \end{smallmatrix}$
City Columbia	State MO	Zip Code 65205-0312		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution				5000.00
Candidate Name Ms. Judy Baker		0000	Category/ Type	
Senate President	ursement For: Primary Other (spe	2008 X General ecify) V		
State: MO District: 09				
Full Name (Last, First, Middle Initial) Paul Tonko for Congress		Transaction ID: D72258 Date of Disbursement		
Mailing Address 911 Central Ave PO Box 221				09
City Albany	State NY	Zip Code 12206-1350		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution				2500.00
Candidate Name Mr. Paul Tonko			Category/ Type	
Office Sought: X House Senate President State: NY District: 21	Primary Other (spe	2008 X General ecify) ▼		
Full Name (Last, First, Middle Initial) PUTNAM FOR CONGRESS				Transaction ID: D72244 Date of Disbursement
Mailing Address Post Office Box 2257				$\begin{bmatrix}\begin{smallmatrix}M\\OO\end{smallmatrix}\end{bmatrix}^M \begin{smallmatrix}D\\OO\end{smallmatrix}\end{bmatrix}^D \begin{smallmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y \begin{smallmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y \begin{smallmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y \begin{smallmatrix}Y\\OO\end{smallmatrix}\end{bmatrix}^Y$
City Bartow	State FL	Zip Code 33831		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution				2500.00
Candidate Name Rep. Adam Putnam			Category/ Type	
Office Sought: X House Disbute Senate President	Primary Other (spe	2008 X General		
State: FL District: 12	Other (spe	Jony) ▼		
'				10000.00
SUBTOTAL of Disbursements This Page (option	-1\		_	10000 00

	CHEDOLE B (FEC	i Oilli JA)	Use sepa	arate schedule(s)		E NUMBER: PAGE 62 / 66
IT	EMIZED DISBURS	EMENTS	for each	category of the Summary Page	(check or 21b 27	11y one) 22 X 23 24 25 28c 29 3
						n for the purpose of soliciting contributions solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In American Academy of Fa	Full)				
	Full Name (Last, First, Middle EARL POMEROY FOR (,				Transaction ID: D72251 Date of Disbursement
	Mailing Address PO Bo	x 75214				M 9 M / D 3 D / Y 2 0 0 8 Y
	City Washington		State DC	Zip Code 20013-0214		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign contribution					2500.00
	Candidate Name Rep. Earl Pomeroy				Category/ Type	
	Office Sought: X House Senat President	e dent	ursement For: Primary Other (spe	2008 X General ecify) ▼		
	State: ND District: (Full Name (Last, First, Middle	e Initial)				Transaction ID: D72250
	NANCY PELOSI FOR C					Date of Disbursement O 9
		ontgomery Stre				
	City San Francisco		State CA	Zip Code 94104		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign contribution					5000.00
	Candidate Name Rep. Nancy Pelosi				Category/ Type	
	Office Sought: X House Senat Presic State: CA District: (e dent	ursement For: Primary Other (spe	2008 X General ecify) ▼		
	Full Name (Last, First, Middle NATHAN DEAL FOR CO	e Initial)				Transaction ID: D72247 Date of Disbursement
	Mailing Address PO BC PO BO					M9 M / D3 D / Y 20 0 8
	City GAINESVILLE		State GA	Zip Code 30503		Amount of Each Disbursement this Perio
	Purpose of Disbursement Campaign contribution					2500.00
	Candidate Name				Category/ Type	
	Rep. Nathan Deal					
	Office Sought: X House Senat	e	ursement For: Primary Other (spe	2008 X General		

IT	CHEDULE B (FEC Form	-	Use sepa	rate schedule(s)	_		NUMBER: PAGE 63 / 66
	EMIZED DISBURSEME	NTS	for each o	category of the Summary Page		eck only 21b	22 X 23 24 25
Δn	y Information conied from such Repor	ts and Statemer	nte may no	at he sold or used		27 erson fo	28a 28b 28c 29 or the purpose of soliciting contributions
							icit contributions from such committee
\setminus	NAME OF COMMITTEE (In Full)						
	American Academy of Family F	hysicians Po	litical Ac	tion Committe	е		
	Full Name (Last, First, Middle Initial)						Transaction ID: D72248
	TIBERI FOR CONGRESS						Date of Disbursement
	Mailing Address 2021 E Dublin Ste 2000	Granville Ro	oad				09 7 30 7 2008
	City Columbus		ate)H	Zip Code 43229			Amount of Each Disbursement this Perio
	Purpose of Disbursement					\neg	2500.00
	Campaign contribution					_	
	Candidate Name Rep. Patrick J. Tiberi				Catego Type	•	
	Office Sought: X House	Disbursem		2008			
	Senate President		Primary Other (spe	X General cifv) ▼			
	State: OH District: 12		zo. (opo	J, ↑			
	Full Name (Last, First, Middle Initial)	_					Transaction ID: D72245
	PEOPLE FOR ENGLISH						Date of Disbursement
	Mailing Address PO BOX 1940)					09
	City ERIE	St P	ate A	Zip Code 16507			Amount of Each Disbursement this Period
	Purpose of Disbursement Campaign contribution					\neg	3000.00
	Candidate Name Rep. Philip S. English				Catego Type		
	Office Sought: X House	Disbursem	ent For:	2008	туре		
			Primary	X General			
	Senate					I .	
	President		Other (spe	cify)			
	State: PA District: 03 Full Name (Last, First, Middle Initial)		Other (spe	cify) \blacktriangledown			Transaction ID: D72252
	State: PA President District: 03		Other (spe	cify)			Date of Disbursement
	State: PA District: 03 Full Name (Last, First, Middle Initial)	L	Other (spe	cify) ▼			
	President District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City	124 St	ate	Zip Code			Date of Disbursement
	President District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City Chicago Purpose of Disbursement	124	ate			_ _ _	Date of Disbursement
	President State: PA District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City Chicago Purpose of Disbursement Campaign contribution Candidate Name	124 St	ate	Zip Code	Catego	-	Date of Disbursement M 9 M / D 3 D / Y Y Y O 0 8 Amount of Each Disbursement this Period
	President District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City Chicago Purpose of Disbursement Campaign contribution Candidate Name Rep. Rahm Emanuel	L 124 St IL	ate	Zip Code 60610	Catego Type	-	Date of Disbursement M 9 M / D 3 D / Y Y Y O 0 8 Amount of Each Disbursement this Period
	President State: PA District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City Chicago Purpose of Disbursement Campaign contribution Candidate Name	124 St IL	ate	Zip Code	_	-	Date of Disbursement M 9 M / D 3 D / Y Y Y O 0 8 Amount of Each Disbursement this Period
	President District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City Chicago Purpose of Disbursement Campaign contribution Candidate Name Rep. Rahm Emanuel Office Sought: X House Senate President	124 St IL	ate - ent For:	Zip Code 60610 2008 X General	_	-	Date of Disbursement M 9 M / D 3 D / Y Y Y O 0 8 Amount of Each Disbursement this Period
	President District: 03 Full Name (Last, First, Middle Initial) FRIENDS OF RAHM EMANUE Mailing Address P.O. Box 101 City Chicago Purpose of Disbursement Campaign contribution Candidate Name Rep. Rahm Emanuel Office Sought: X House Senate	124 St IL	ate - lent For: Primary	Zip Code 60610 2008 X General	_	-	Date of Disbursement M 9 M / D 3 D / Y Y Y O 0 8 Amount of Each Disbursement this Period

SCHEDULE B (FEC Form 3X)	Use separate schedule	e) I -	E NUMBER: PAGE 64 / 66
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(cneck on	lly one) 22 X 23 24 25 2 28a 28b 28c 29
Any Information copied from such Reports and State or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full) American Academy of Family Physicians			
Full Name (Last, First, Middle Initial) FRIENDS OF ROSA DELAURO			Transaction ID: D72249 Date of Disbursement
Mailing Address 12 TRUMBULL STREE	T		09 M / D 3 D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City NEW HAVEN	State Zip Code CT 06511		Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution			5000.00
Candidate Name Rep. Rosa DeLauro		Category/ Type	
Senate President	sement For: 2008 Primary X General Other (specify) ▼	ı	
State: CT District: 03 Full Name (Last, First, Middle Initial)			Transaction ID: D72257
UDALL FOR US ALL			Date of Disbursement O 9
Mailing Address 3311 CANDELARIA NE			
City ALBUQUERQUE	State Zip Code NM 87107		Amount of Each Disbursement this Perio
Purpose of Disbursement Campaign contribution			5000.00
Candidate Name Rep. Tom Udall		Category/ Type	
χ Senate President	sement For: 2008 Primary X General Other (specify) ▼	ı	
State: NM District: Full Name (Last, First, Middle Initial)			Transaction ID: D72255
Stivers for Congress			Date of Disbursement 0 9 3 0 7 9 9 8
Mailing Address 81 S 5th St	Charles 7:- Condo		
City Columbus	State Zip Code OH 43215-432	3	Amount of Each Disbursement this Perior 5000.00
Purpose of Disbursement Campaign contribution Candidate Name		Cotament	5000.00
Mr. Steve Stivers	2000	Category/ Type	
Office Sought: X House Senate President State: OH District: 15	sement For: 2008 Primary X Genera Other (specify) ▼	ı	
	l)		15000.00
			13000.00

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\right\{ \rightarrow}	NAME OF COMMITTEE (In Full) American Academy of Family Physicia		minitee to sor	icit contributions from such committee
	Full Name (Last, First, Middle Initial) American Academy of Family Physicia Mailing Address 11400 Tomahawk C			Transaction ID: D72265 Date of Disbursement M 9 M / D 3 D / Y 2 0 0 8 Y
	City Leawood Purpose of Disbursement Refund of payment of operating expense. Candidate Name	State Zip Code KS 66211-2672	Category/ Type	Amount of Each Disbursement this Period 441.93
	Office Sought: House Dis Senate President State: District:	bursement For: Primary General Other (specify)	,	

SUBTOTAL of Disbursements This Page (optional)	•				441.93	
TOTAL This Period (last page this line number only)	•				441.93	

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1111age# 20592019055	
Form/Schedule: SA15 Transaction ID: C494400	Permissible reimbursement from connected organization for bank/credit card processing fees.
Form/Schedule: SB29 Transaction ID: D72265	Refund of mistaken payment for operating expense by parent organization.
***************************************	***************************************